

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581090

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			—			
3			1			
4			—			
5			1			
6			1			
7			—			
8			1			
9			—			
10			1			
11			—			
12			1			
13			—			
14			1			
15			—			
16			1			
17			—			
18			1			
19			—			
20			1			
21			—			
22			1			
23			—			
24			1			
25			—			
26			3			
27			3			
28			3			
29			—			
30			—			
31			—			
32			1			
33			—			
34			—			
35			—			
36			—			
37			—			
38			1			
39			—			
40			—			
41			—			
42			—			
43			1			
44			—			
45			—			
46			—			
47			—			
48			—			
49			—			
50			—			
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					—	
53					—	
54					1	
55					—	
56					1	
57					—	
58					—	
59					—	
60					—	
61					—	
62					—	
63					—	
64					—	
65					—	
66					—	
67					—	
68					—	
69					—	
70					—	
71					—	
72					—	
73					—	
74					—	
75					—	
76					—	
77					—	
78					—	
79					—	
80					—	
81					—	
82					—	
83					—	
84					—	
85					—	
86					—	
87					—	
88					—	
89					—	
90					—	
91					—	
92					—	
93					—	
94					—	
95					—	
96					—	
97					—	
98					—	
99					—	
100					—	
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←	←	
TOTAL CLAIMS						